

Government of  
the District of Columbia

**2002 D-40ES** Estimated Income Tax Voucher    Voucher number: NN    Due date: MM/DD/YY

**OFFICIAL USE ONLY**

Your first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

AAAAAAA  
A  
AAAAAAA

Spouse's first name if joint payment      M.I.      Last name

Your social security number Spouse

Spouse's social security number

Quarterly payment \$ 99999999

Your social security number  
[REDACTED]

၅၅၅-၅၅-၅၅၅၅

Home address (number and street) If foreign address use Schedule S.

999999AAAAAA999999AAAAAA999999AAAAAA999999

**City**

www.english-test.net

State Zip

Zip



\*020400610000\*

2002 D-40ES Individual Estimated Income Tax Voucher **page 1**

Revised 10/01

Government of  
the District of Columbia

**2002 D-40N** Change of Name or Address

## Old information

Spouse's first name if joint payment      M.I.      Last name

AAAAAAAAAAAAA A AAAAAAAAAAAAAA A AAAAAAAAAAAAAA

999-99-9999      999-99-9999      999-999-99

Home address (number and street) If foreign address use Schedule S. Apartment number

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

## New information

Your first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

AAAAA AAAAA AAAAA AAAAA AAAAA A A AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA

Spouse's first name if joint payment      M.I.      Last name

AAAAA AAAAA AAAAA AAAAA AAAAA A A AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA

Your social security number      Spouse's social security number      Daytime phone number

999-99-9999      999-99-9999      999-9

Home address (number and street) If foreign address use Schedule S. Apartment n.

99999AAAAAA99999AAAAAA99999AAAAAA99999AAAAAA

**City**

State \_\_\_\_\_ Zip \_\_\_\_\_

AA 99999-999

Please send form to:

Office of Tax and Revenue  
P.O. Box 172

P.O. Box 42  
Washington



\*020401710000\*

2002 D-40ES Individual Estimated Income Tax Voucher **page 6**

Revised 10/01